

## APPLICATION DATA SHEET

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	N/A
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Number of CD Disks::	N/A
Number of Copies of CDs::	N/A
Sequence Submission?::	N/A
Computer Readable Form?::	Yes
Number of Copies of CRF::	N/A
Title::	FEED RATIONS AND METHODS OF FEEDING GROWING RUMINANTS
Attorney Docket Number::	NVI 5235.2
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	1
Small Entity?::	No
Petition Included?::	No
Petition Type::	N/A
Licensed US Govt. Agency::	N/A
Contract or Grant Numbers::	N/A
Secrecy Order in Parent?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	William
Middle Name::	E.
Family Name::	Kunkle
City of Residence::	Gainsville

State or Province of Residence:: FL  
Country of Residence:: US  
Street of Mailing Address::  
City of Mailing Address::  
State or Province of Mailing  
Address::  
Postal Code of Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Edgar  
Family Name:: Rodriguez  
City of Residence:: Gainesville  
State or Province of Residence:: FL  
Country of Residence:: US  
Street of Mailing Address::  
City of Mailing Address::  
State or Province of Mailing  
Address::  
Postal Code of Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mercedes  
Family Name:: Vazquez-Anon  
City of Residence:: Chesterfield  
State or Province of Residence:: MO  
Country of Residence:: US  
Street of Mailing Address:: 17166 Surrey Drive  
City of Mailing Address:: Chesterfield  
State or Province of Mailing  
Address:: MO  
Postal Code of Mailing Address:: 63005

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: US  
 Status:: Full Capacity  
 Given Name:: Bryan  
 Family Name:: Miller  
 City of Residence:: Chesterfield  
 State or Province of Residence:: MO  
 Country of Residence:: US  
 Street of Mailing Address::  
 City of Mailing Address::  
 State or Province of Mailing Address::  
 Postal Code of Mailing Address::

#### Correspondence Information

Correspondence Customer Number:: 000321

#### Representative Information

Representative Customer Number:: 000321

#### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional of	60/397,156	07/19/02
This application	Non-Provisional of	60/397,957	07/22/02

#### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
up to 50 characters	up to 20 characters	MM/DD/YY	"Yes" or "No"
up to 50 characters	up to 20 characters	MM/DD/YY	"Yes" or "No"

up to 50 characters	up to 20 characters	MM/DD/YY	"Yes" or "No"
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### Assignee Information

Assignee Name::

No more than 50 characters